

March 25, 2021

Richard Enrique Ulloa Melton
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#162
Brooklyn, New York 11219

FILED

MAR 29 2021

Clerk, U. S. District Court
Eastern District of Tennessee
At Knoxville

Michael Carvajal
DIRECTOR
Federal Bureau Of Prisons
320 First Street, NW
Washington, D.C. 20534

Re: Jason Melton Reg#43171-074 Cover letter / Safety of Inmate

Dear Michael.

I am writing to you with a heavy heart and as a concerned and angry spouse of Jason Melton, who is currently housed at the USP Thomson, where he entered a program to better his life, complete the writing of his books and try to come home early.

On March 12, 2021 he was handcuffed and brought over to another cell, in that cell while handcuffed he was punched and beaten by the current inmate in the cell. This inmate was brought in from USP Pollock where he stabbed a Jew, just for being a Jew.

As you are aware, Jason is married to me legally and is also Jewish and Gay. During his stay at USP Thomson, he has had tons of harassment by an officer named Cruze and his wife who oversees the mail room. His wife has delayed all out mail from entering and exiting USP Thomson, sometimes taking 30 days from end to end.

I am attaching the paperwork for the incident at USP Lee, where Jason was attacked and was in the local hospital for around 30 days. This incident was provoked for the same reasons and this time it took place in the yard by three other inmates and the Tower Guards were busy doing Administrative work on their computers which was demanded by the Administration there, this practice has been stopped since that incident.

I now, see a pattern, that seems to indicate that the Bureau of Prisons, either does not care for inmate's safety or has intent to have Jason killed in the BOP.

I demand that you correct these actions and Officers and Administrators involved be punished as well as criminally charged in this matter.

You can not tell me, that, they did not know Jason was Jewish, that the inmate from USP Pollock was a Jew hating inmate. Maybe the Officer that moved him did not know, or was under orders to take inmate Jason to the Jew hating inmate in that cell, but I can guarantee you the Warden, Captain, SIS Officers knew what they were doing.

I demand an investigation in this matter, and I demand you keep me updated in this matter. As a concerned spouse and family member it is my duty to bring these issues up and to get them resolved.

I demand that New York and Illinois State Congresswoman and Senators at the least inquire on this matter and get back to me with your finding, it is my belief that this institution is looking to kill Jason Melton and we must stop these maniacs and remove them from serving the public. I already submitted Jason Melton's Commutation of Sentence and I am awaiting a Presidential signature. Your recommendations will go a long way to get Jason out of harm's way.

I demand the Department of Justice in both Illinois and Tennessee State investigate the matter and if they see criminality that they act accordingly. I have written over 30 letters to the Warden and Regional Director on issues stemming from mail delays, Gay bashing from Officer Cruze, writeups from Officer's that were not even in the USP at the time which seem to be coordinated by Officer Cruze from what I can gather and from Whistleblower's there. I also wrote to the Federal union as to the abuse female officers were exposed to, by masturbating inmates and these female officers were told by the administration NOT to write these inmates up. After I informed the Union, the inmates were moved to a separate unit where the female officer, this was months after I told the Administration which did nothing on the matter. It took the union to protect the female officer and not the administration.

And finally, I demand that the Administration at USP Thomson investigate this matter and get back to me with a report as to Jason's safety and how they will keep him safe, have Jason Melton debriefed, limit the contact Officer Cruze has with Jason Melton or any other inmate who is Gay, and to charge the Officers involved.

When the Officer put Jason Melton in the cell with the USP Pollock Jew hating inmate, instead of just being punched and beaten, Jason could have been stabbed, just like the inmate at Pollock.

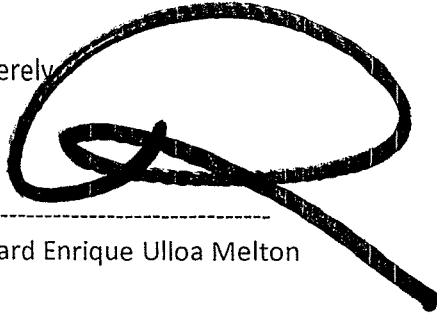
Was this your intent?

You knew how violent the USP Pollock inmate was and purposely and knowingly place a Jewish Gay man in the same cell as him, Handcuffed.

Is this your version of safety? Or Are you trying to kill my family member?

Thank You in advanced for cooperation.

Sincerely,



Richard Enrique Ulloa Melton

Cc:

Congresswomen

Ms. Cheri Bustos, 17th Congressional District, 2401 4th Ave Rock Island, IL, 61201

Ms. Nicole Maliotakis, 11th Congressional District, 7716 3rd Avenue, Brooklyn, NY, 11209

FAMM.ORG

Kevin Ring, President FAMM, 1100 H Street NW, Suite 1000, Washington, D.C., 20005

Rabiah Alicia Burks, Vice President of Communications, FAMM

Illinois Senators

Richard J. Durbin, 711 Hart Senate Office Building, Washington, D.C., 20510

Tammy Duckworth, 524 Hart Senate Office Building, Washington, D.C., 20510

New York Senators

Charles E. Schumer, 322, Hart Senate Office Building, Washington, D.C., 20510

Kristen Gillibrand, 478 Russell Senate Office Building, Washington, D.C., 20510

Department Of Justice

Merrick B. Garland, AG, US Department of Justice, 950 Pennsylvania Ave NW, Washington D.C., 20530

John Carlin, Deputy AG US Department of Justice, 950 Pennsylvania Ave NW, Washington D.C., 20530

Francis M (Trey) Hamilton III, US Attorney Office, 800 Market St., Knoxville, TN, 37902

John R. Laush Jr, US Attorney Office, Northern District of Illinois, 219 S. Dearborn St, 5th floor, Chicago, IL, 60604

Thomas W. Phillips, Senior US District Judge, 800 Market St., Knoxville, TN, 37902 **3-10-CR-0126**

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: OFFICE OF GENERAL COUNSEL/REGIONAL FBOP/DIRECTORS OFFICE/ANNAPOLIS MARYLAND 320 FIRST STREET. NW WASHINGTON, DISTRICT OF COLUMBIA 20534			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. JASON JENNINGS MELTON REG#43171-074 UNITED STATES PENITENTIARY LEE PO BOX 305 JONESVILLE, VIRGINIA 24263		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 06/26/1979	5. MARITAL STATUS DIVORCED	6. DATE AND DAY OF ACCIDENT 01/06/2017	
7. TIME (A.M. OR P.M.) 1-2PM					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). on January 6, 2017 I inmate Jason Jennings Melton #43171-074 was brutally attacked in broad daylight in full unobstructed view of two(2) manned security surveillance towers on the recreational yard at USP Lee in Lee County (Jonesville) Virginia. The physical attack itself lasted between 5-7 perhaps even 10, minutes and it was still yet approx. 20 more mins before my unconscious body was discovered by chance by 2 unit officers, transported by ambulance to Holston Medical Group in Kingsport, TN. I was admitted into the ICU there. I had suffered a concussion, a broken jaw, a broken nose and a broken orbital bone Cont.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). Jason Jennings Melton c/o USP Lee PO Box 305 Jonesville Virginia *****THIS FORM PREPARED ON 04/10/2017*****					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). BROKEN JAW, NOSE, ORBITAL SOCKET, MULTIPLE OTHER INJURIES TO BODY					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. I suffered a concussion, broken jaw, broken nose,					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
USP LEE Medical, Security footage from security cameras and Holston Medical Group Staff 1-6-2017 to 1-9-2017		USP Lee, PO Box 305, Jonesville, VA, 24263 Holston Medical Group, Kingsport, TN			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

MELTON WILL ALSO SEEK LIFETIME MEDICAL TREATMENT FOR INJURIES IN ADDITION TO THE MONITARY DAMAGES PLUS ATTORNEY FEES SEPARATELY.

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

As well as several stitch requiring wounds, multiple facial traumas as perhaps even a seizure as I am an epileptic. I am not sure who the attackers were.

I can't mention the gang – There was no issue with them at all that I can get a claim for. Only the prisons deliberate indifference and the security staffs incompetence on official bonded duty.

The yard security personnel in the surveillance towers were busy monitoring inmate emails and phone calls rather than doing their detail and monitoring yard activity that day and it nearly cost me my life. Because of this they are no longer allowed to monitor emails and phone calls while moves or recreation are in progress. A policy and procedure long practiced at other USP's throughout the Bureau of Prisons – Had they been practicing this procedure here I would have gone through all I have.

**CLAIM FOR DAMAGE, INJURY, OR DEATH
UNITED STATES POSTAL SERVICE MAILING
NOTICE OF CLAIM**

OFFICE OF GENERAL COUNSEL FBOP
320 FIRST STREET, NW
WASHINGTON, DISTRICT OF COLUMBIA
CERT. MAIL 7016 1970 0000 3604 4020
ENCLOSED-
SF-95 FIRST ORIGINAL
THIS NOTICE
COPY OF SECOND ORIGINAL
SF-95 #8 BASIS FOR CLAIM –ADDITIONAL PAGE

REGIONAL DIRECTOR FBOP
320 FIRST STREET, NW
WASHINGTON, DISTRICT OF COLUMBIA
CERT. MAIL 7016 1970 0000 3604 4013
ENCLOSED –
SF-95 FIRST ORIGINAL (COPY)
THIS NOTICE
COPY OF SECOND ORIGINAL
SF-95 #8 BASIS FOR CLAIM – ADDITIONAL PAGE

OFFICE OF GENERAL COUNSEL FBOP
320 FIRST STREET, NW
WASHINGTON, DISTRICT OF COLUMBIA
SENT FIRST CLASS MAIL

REGIONAL DIRECTOR FBOP
320 FIRST STREET, NW
WASHINGTON, DISTRICT OF COLUMBIA
SENT FIRST CLASS MAIL

USP LEE
PO BOX 305
JONESVILLE, VIRGINIA 24263
ATT: LEGAL CLAIMS

SENT FIRST CLASS MAIL

JASON JENNINGS MELTON 1088421
KNOX COUNTY JAIL
ROGER D. WILSON DETENTION FACILITY
5001 MALONEYVILLE ROAD
KNOXVILLE, TENNESSEE 37918
SENT FIRST CLASS MAIL

SENT VIA POWER OF ATTORNEY FOR JASON JENNING MELTON POA ON FILE

JASON JENNINGS MELTON for jason jenning melton
(BLUE INK SIGNATURE) 04/30/2017

Richard Enrique Ulloa Melton
c/o 6823 Fort Hamilton Pkwy.
Suite 162
Brooklyn, New York state usA [11219]

NEW YORK NY 100
26 MAR 2021 PM 14 L



Thomas W. Phillips, Senior US District Judge
800 Market St.
Knoxville, TN, 37902
CASE 3-10-CR-0126

37902-232645

